



Mojave Desert Air Quality Management District

14306 Park Avenue, Victorville, CA 92392-2310

760.245.1661 • FAX 760.245.2022

REQUEST TO CANCEL A PERMIT (ATC or PTO)

PERMIT ISSUED TO: _____

EQUIPMENT LOCATION (PHYSICAL ADDRESS): _____

OWNER OR OPERATOR (DISTRICT COMPANY NUMBER): _____

EQUIPMENT LOCATION (DISTRICT FACILITY NUMBER): _____

PERMIT NUMBER(S) TO CANCEL: _____

EQUIPMENT DESCRIPTION: _____

CANCELLATION OF THE PERMIT DESCRIBED ABOVE IS HEREBY REQUESTED FOR THE FOLLOWING REASON:

- ☐ Equipment sold, replaced, destroyed, or removed from premises (circle one).
- ☐ Equipment will no longer be used.
- ☐ Equipment is exempt from permit requirement by Rule 219 Section ____
- ☐ Replaced by Statewide Permit. Please attach copies of Statewide Permits.
- ☐ Other: _____

IT IS UNDERSTOOD THAT ANY FUTURE USE OF THIS EQUIPMENT MAY REQUIRE A NEW PERMIT APPLICATION IN ACCORDANCE WITH THE LAWS THEN IN EFFECT.

Signature, responsible member of organization

Title

Printed Name

Telephone No.

Date

MDAQMD USE ONLY

Signature of Engineering Supervisor

Date